



King's Research Portal

DOI:

[10.1177/1049732318803094](https://doi.org/10.1177/1049732318803094)

Document Version

Peer reviewed version

[Link to publication record in King's Research Portal](#)

Citation for published version (APA):

Gunasinghe, C. M., Hatch, S. L., & Lawrence, J. (2018). Young Muslim Pakistani Women's Lived Experiences of Izzat, Mental Health and Well-being. *Qualitative Health Research*. <https://doi.org/10.1177/1049732318803094>

Citing this paper

Please note that where the full-text provided on King's Research Portal is the Author Accepted Manuscript or Post-Print version this may differ from the final Published version. If citing, it is advised that you check and use the publisher's definitive version for pagination, volume/issue, and date of publication details. And where the final published version is provided on the Research Portal, if citing you are again advised to check the publisher's website for any subsequent corrections.

General rights

Copyright and moral rights for the publications made accessible in the Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognize and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the Research Portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the Research Portal

Take down policy

If you believe that this document breaches copyright please contact librarypure@kcl.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.

Young Muslim Pakistani Women's Lived Experiences of Izzat, Mental Health and Well-being.

Cerisse Gunasinghe^a, Stephani L. Hatch^a & Jane Lawrence^b

^a Psychological Medicine, Institute of Psychiatry, Psychology and Neuroscience. King's College London, Denmark Hill, London, United Kingdom

^a Student Support Centre, University of East Anglia, Norwich Research Park, Norwich NR4 7TJ. United Kingdom

Correspondence: Cerisse Gunasinghe

Department of Psychological Medicine, King's College London, Institute of Psychiatry, Psychology and Neuroscience, London, United Kingdom

Email: cerisse.gunasinghe@kcl.ac.uk

Keywords: culture / cultural competence, mental health and illness, well-being, self-harm, suicide

Abstract

This article explores how six Pakistani Muslim women interpret cultural concepts of izzat (honour and self-respect), what role, if any, it has in their lives and whether there is interplay between upholding izzat and the participants' help-seeking strategies for mental health and well-being. Semi-structured interviews were conducted and analysed with an Interpretative Phenomenological Analytic framework. Three themes were identified: 1) “The rules of izzat”, 2) “Negotiating tensions” and 3) “Speaking out/breaking the ‘rules’ ”. Findings highlighted new insights into the understanding of izzat and the implications these cultural concepts have for strategies in managing or silencing of psychological distress. Interviews illustrated tensions the participants experience when considering izzat; how these are negotiated to enable them to self-manage or seek help and possible life experiences that might lead to self-harm and attempted suicide. Notably, cultural codes, in particular izzat, appear to vary over the life course and are influenced by migration.

Background

Over a decade ago, a series of studies exploring cultural and ethnic variations of psychological distress highlighted that family pressure and abuse (Hicks & Bhugra, 2003); cultural conflict (Bhugra, Baldwin, Desai, Jacob & Baldwin, 1999); familial expectations of women to maintain traditional gender-specific roles and acquiring an education and professional career were contributors to suicidal acts in British South Asian women (Bhugra, 2003; Bhugra et al. 1999; Hicks & Bhugra, 2003). It has been observed that allegiance and preservation of cultural concepts, practices and values occurs within these ethnic groups residing outside of South Asian countries (Krause, 1989; Peach, 2006). One of the key issues for second-generation South Asian individuals is the development of their cultural identity (Berry, 1997; Bhugra, 2003). In particular, the processes of acculturation and maintaining cultural practices have been considered to impact well-being and psychological distress (Padela, Kilawi, Forman, DeMonner, & Heisler, 2012; Krause, 1989; Triandis, 1989). While there is some dilution in cultural concepts from first generation immigrants to subsequent generations, these processes can be difficult to navigate for individuals born in countries, such as the UK, with parents who migrated from Southern Asia (Dwyer, 2000; Faver, Narang & Bhadha, 2002). The basis of identity formation and culture related behaviours often stems from generational “life-histories” produced by familial and social kinship (Das, 1976). However, modern conceptualisations of personhood (i.e. the individual in relation to the self, others, the community and society) can only be understood in the context of non-Western historical, cultural and community influences on its development (Fowler, 2004).

Cultural concepts, such as izzat, often inform and impact the coping and help-seeking strategies utilised to manage such experiences. The concept of izzat (i.e., the semantic meaning and the associated practices) translates across the diversity of South Asian cultures

and has particular impact on women (Chew-Graham, Bashir, Chantler, Burman, & Batsleer, 2002; Gilbert, Gilbert & Sanghera, 2004). In observations of Indian culture, Takhar (2005) explains izzat as “honour”, “self-respect” and “prestige”. Maintaining honour and kinship with the family, community and society are integral to South Asian culture and considered to be protective against shame and ill-health (Das, 1976; Krause, 1989). Therefore, upholding izzat may strongly inform and influence the social interactions; moralistic values; the sexuality of men and women; what is deemed as accepted behaviours; obligations of women in particular social roles, experiences of health and illness, of those from many South Asian ethnic backgrounds (Krause, 1989; Gilbert et al, 2004; Toor, 2009). Furthermore, family dishonour can have an impact on individual members’ self-identity or self-respect, and externalised to immediate and extended family members, as there is less of a distinction between the self and others (Takhar, 2005). Literature suggests that some South Asian women may be positioned in roles inferior to men and often susceptible to being shamed and family dishonour can have an impact on both immediate and extended family members (Takhar, 2005; Triandis, 1989). Takhar (2005) suggests that izzat often dictates the obligations of South Asian women who often sacrifice their own desires for the sake of their family’s izzat. In her observations of Indian culture, Takhar (2005) suggests that izzat translates as “honour”, “self-respect” and “prestige”. Accepted behaviours, particularly in social interactions, of those from many South Asian ethnic backgrounds may therefore be strongly influenced by the notion of izzat (Gilbert et al, 2004; Toor, 2009). The current study focuses on the concept of izzat, acknowledging it as one of many cultural codes or practices (e.g., how relationships are formed and social encounters between members of the opposite sex are conducted,) that may impact the lives of South Asian women as it relates to experiences of psychological distress and well-being. Gilbert et al. (2004) further developed this area of research by demonstrating that entrapment was also associated with izzat. In

maintaining the izzat of the family and following cultural practices that have been handed down the family through older generations, South Asian women may experience entrapment while retaining a subordinate role. For some women, the entrapment and subordination resulted from being abused, non-disclosure of such abuse (in order to avoid family shame), and not accessing support. This research has highlighted how culture (particularly upholding izzat) can create possible sources of distress, both impacting how distress is experienced by individuals and informing their perceptions of help-seeking and coping strategies.

Previous research found a lower prevalence of psychological distress in South Asian groups in comparison to other ethnic groups and attributed this to being psychologically healthier and having ‘cultural resilience’ in dealing with adversity (Anand & Cochrane, 2005; Cochrane & Stopes Roe, 1981; Hsu, Davies, & Hansen, 2004). Social and familial resources, ethnic identity and individual coping strategies were identified as protective factors (Hsu et al. 2004; Lee, 2003). This was further illustrated in a study of Indian-American students showing that increased ethnic identity and other-group orientation (i.e. the extent to which there is identification to other ethnic groups) were protective for psychological well-being in the face of discrimination (Lee, 2003). However, there is a body of evidence that has examined whether a partial explanation for the lower prevalence of psychological distress can be attributed to there being cultural differences in the conceptualisation of this experience (Malik, 2000). In particular, it has been suggested that those from South Asian cultural backgrounds are more likely to report somatic symptoms which are distress-related (Anand & Cochrane, 2005; Karasz, 2005). There is also evidence suggesting that there are important ways in which gender and culture intersect with regards to mental health (Andermann, 2010). As discussed in a recent review of qualitative literature of South Asian individuals’ experience of psychological distress (“depression”), a more comprehensive understanding of how distress is experienced and constructed is needed; not to determine whether or not it

exists, but to enable the provision of culturally sensitive healthcare (Mooney, Trivedi & Sharma, 2016).

With the exception of the work of Chew-Graham et al. (2002) and Gilbert et al. (2004), there are a paucity of studies that explores the breadth and depth of lived experiences of young South Asian women in relation to the codes of izzat and psychological distress. Given its significance, the current study focuses on the concept of izzat, acknowledging it as one of many cultural codes or practices (e.g., how relationships are formed and social encounters between members of the opposite sex are conducted, modest clothing choices or wearing garments to cover the head) that impacts the lives of South Asian women as it relates to experiences of psychological distress and well-being. Unlike previous studies, the current study considers mental wellbeing alongside mental health difficulties, as well as a more narrowly defined ethnic group than the multi-national, cultural and religious groups of participants categorised as “South Asian” typically recruited in previous studies. In doing so, we aim to highlight the uniqueness and inter-subjectivity that exists within defined ethnic groups. The current study explores izzat and the impact these cultural practices specifically have on experiences of psychological distress and help seeking experiences of second generation Pakistani Muslim women living in the London area (UK). This study has three central aims: (1) to understand and develop a set of meanings for the concept of izzat; (2) to identify the extent to which these codes of practice, embedded in the ethnic culture are being used, modified and adapted in their current life and practices and (3) to understand whether there is interplay between upholding the codes of izzat and these participants’ experience of psychological well-being and help-seeking strategies during periods of distress.

Method

Sample and recruitment

A purposive sample of six women, were recruited for this study (Newberry, 2011) living in the London area (UK). London is one of the most ethnically diverse cities in the UK, with the largest South Asian UK population residing in London (Office of National Statistics, 2011). Inclusion criteria included being UK-born (second generation) with parents born in Pakistan and having English as a first language. Participants were recruited through advertisements placed at two universities, a community centre attached to a mosque in East London and charitable organisations. In accordance with Interpretative Phenomenological framework, the target sample size was 6, to allow for detailed and in-depth exploration of the participants' experience.

Data Collection

This study involved conducting semi-structured interviews consisting of open-ended questions and additional prompts aimed to collate detailed, specific, individual narratives different to those narratives seen in the previous research studies reviewed previously. Semi-structured interviews are considered to help facilitate participants' conversations and descriptions of the phenomenon under investigation and their experiences associated with it. Interview topics and questions tried to enable descriptions of the participants' ethnic and cultural experiences and also included questions about experiences of mental health (psychological distress and well-being) and help-seeking. Each interview was digitally recorded using a dictaphone. The interviews were transcribed inclusive of non-linguistic elements of conversations as these can also affect the meaning (Willig, 2001). All identifiers were removed and participants were given a pseudonym in order to maintain confidentiality.

Data analysis

The researcher (first author) began Interpretative Phenomenological Analysis (IPA; Smith,

2009) with an in-depth examination of each individual transcript through multiple readings with attention to the individual's choice of language, parallels, variation in speech and the language used, repetition, exaggeration and incongruence in the individual's narrative. Ultimately, the analysis aimed to attend to what is being communicated about the individual's sense of self. The analytic approach included the following steps: initial themes were noted; possible links between themes were examined; sub-themes were created and arranged into clusters to form master themes; quotations were selected to illustrate each theme (Smith, 2009). The transcripts were collated and re-examined by the first author, paying particular attention to thematic overlap and distinct differences in accounts. This enabled the researcher to make links to existing theoretical knowledge within this area of research. The co-authors provided further review of the transcripts, theme development and consultation during the process of analysis.

Ethics

Participants provided informed written consent; ethical approval was granted by the University of East London Research Ethics Committee (No:ETH/13/63).

Results

Six British Pakistani Muslim women born in the UK, aged 24-40, were included in the sample. Two of the participants were married with children and two were divorced with children. All participants were in the process of completing or had completed higher education. All but one participant (who was a full-time student) was in employment.

Analysis of the transcripts generated three main themes and sub-themes within each of these to further illustrate the overarching main theme. Figure 1 presents the three main themes and subthemes that were identified in the data: 1) 'Upholding the Rules of Izzat'; 2) 'Speaking Out/Getting Help' and 3) 'Negotiating tensions'. The section below describes sub-themes and presents data to support each theme.

INSERT FIGURE | ABOUT HERE

Theme One: The Rules of Izzat

Learning the Rules

Interview questions facilitated conceptualisations of izzat from the participants' narratives. Participants were asked if maintaining the honour of your family impacts the choices you make in life; this enabled further elaboration and participant descriptions of honour in parallel to "Izzat" and "Dignity". Each participant identified izzat as "Respect". One participant talked about izzat in reference to cultural practices, how women interact with men and particularly the behaviour of women:

P: Izzat, is more erm,... You know,...covering, protecting, thinking about what you're saying, speaking. Erm, when you speak to men outside, that you're not, erm, familiar with, or you don't know, lowering your gaze...

Understanding and knowledge of izzat developed from early childhood through family, friends and/or local community in a variety of ways for all participants. As seen within this extract, "if you like it or not, you just. Deal with it", individuals might take on passive roles in the process of learning the codes of izzat and their adherence to them throughout their lives. Alternatively, individuals may have witnessed challenge of such codes leading to possible punishment or reprimand. One participant spoke of "unwritten rules" which are reaffirmed by the family and community and handed down to subsequent generations. This seemed to be the parents attempt to protect their children from being perceived as sexual objects and fostering perceptions of female children as respectable women. In contrast, one participant disclosed that she does not "care" about izzat which illustrated that there might be individual variation of the significance that izzat bears in the lives of these women. This could be explained by the process of acculturation or an adjustment in personal opinions and values.

Some participants in this study spoke of how maintaining their personal, familial and community izzat has an impact on how they feel about themselves and their psychological well-being. The participants also spoke of how the codes of izzat have implications for developing their own coping strategies when experiencing psychological distress.

Pressure to be "Perfect"

In response to a query about what it means to uphold the honour of the family, a participant described her own personal desires to be "perfect" which she suggested stemmed from her familial experiences. It was reported that these practices are shared amongst friends who have similar parental experiences.

P: So I just wanna be perfect. So, so that I don't have problems when I go to in-laws, they don't, don't talk about me or, my family...

Some of the participants spoke of their view of how upholding a woman's izzat can at times be related to the restriction of women's sexual prerogatives and how these are more liberal for men. An example discussed by some participants was how pre-marital sex could result in a woman's izzat being "ruined". This would impact the likelihood of later marriage and leave the woman open to criticism by others and possibly taint a woman's reputation. However, this is not a shared experience by all. One of the women discussed this in reference to there being fewer restrictions within UK families and may be demonstrative of the interplay of contextual factors:

P: You basically have to take care of yourself, you don't have like, behave like, some sort of miss- you know... A bad image on others, basically you have to be good, that's what I think it is ...So erm, I have seen in other, people they are restricted, in doing such things, so when they come here, they basically do them... You know, yeah?...Basically the thing that were not allowed to that in our country, but we can do

it here, so they do it.

Some participants suggest that there are consequences to not abiding by the family rules and upholding izzat. It is possible that this induces fear and therefore the individual remains passive in response to this process. Pressures to be “perfect” appear to be held within the individual and external to them. Similarly, participants spoke of being forced into positions, a sense that they were trapped and unable to free themselves from experiences that affect their psychological well-being. One participant uses a powerful metaphor of “being in a prison”. Striving to be “perfect” or “good” may cause psychological distress:

P: It’s very stressful, exhausting. It was not my life, it’s the aunties and the uncles around me. It’s, it’s like, they’re controlling my life. It’s like that...That’s the best way to describe it, really. It’s like someone else’s life, not mine. My family’s, not mine...I got acidity in my stomach, you know, so much stress you know, anxiety attacks, erm... Weight. Drastic weight loss. Erm, you know, just erm... crying all the time. Just, sometimes you just want to scream, you know.

As a consequence, this participant developed what could be considered as psychosomatic symptoms and anxiety which was “traumatic” for her. It would appear that she internalises her distress rather than expressing (what sounds like) frustration which in turn manifests in physical reactions and ill-health.

Tolerating Distress and Isolation

A key sub-theme identified by some of the participants was that many young Pakistani Muslim women are expected to “put up” with and ‘tolerate’ their psychological distress over long periods of time. A participant explained that despite her experiences of fear, she made a decision to tolerate such distress. Similarly, it appears that there was an expectation, from her mother, for this individual to stay in her marriage:

P: ... mum's only advice if you like she gave me was you have to stay there - your dead body will leave the house. That you stay there until you die."

Participant responses suggested that these women's choices to tolerate unpleasant experiences are also motivated by their own to protect their izzat. Also, voicing abusive experiences would be negatively perceived by others and tarnish one's izzat and that of the family. It is possible that a fear of shaming others and not retaining kinship results in controlling personal experiences of distress and discomfort. This might also influence and add a layer of 'silencing' of Pakistani Muslim women in relation to experiences of abuse resulting in powerlessness and isolation:

P: ...I'll give you an example, my cousin who's abused all the time. If her son's having trouble getting the right grades. Or they're not, erm, doing well generally around, then she will get hit...For that!

P: ...she's not allowed to make excuses. She wouldn't complain to family, I don't think her family even know that anything, they only found out...Erm. In Birmingham, two years ago. A woman was locked up in the garage for I think a month. Starved. She didn't die. And then the husband and her mother-in-law and sister-in-law, then erm, found her in the bath tub. And she was a beautiful girl came from Pakistan. Her family never spoke to her, wouldn't, couldn't try to get in touch with her. The parents, the in-laws, would say she's fine, she's busy, she's fine. And in the end they found out she was dead...It's happening in this country. Because they're so bad. They don't, they don't have any other mean...

An additional motive for Pakistani Muslim women to stay in abusive marriages might be due to their perception that this was in the best interest of their children. Safe-guarding their children's future and preserving their children's izzat was described by one of the women in

this study,

P: Erm, but I managed my older boy,... he was very clever, so he got into erm, private school, so erm, I, I think that was one reason, I sta-maybe in a way I thought I had to keep in the marriage now because he's in private school and then this is a way out of his life, or get an education and can better himself, I have to stick it out for a few more years...

It appears that a distinction was made between those who are educated or have professional careers and the extent to which these individuals “put up” with domestic abuse:

P: But it's taken her six years. Well. Eventually six years later she's walked out. And she's you know, a teacher, for many years now, a teacher, and they're meant to understand everything and she's put up with it.

This example might be illustrative of how those who are “educated” might remain hesitant about breaking the codes despite awareness of alternatives that may be available to them.

There appeared to be a decision-making process that was occurring for these women, to demonstrate tolerance of their own distress in order to uphold the codes of izzat. Whereas, there was a sense that some of the participants and the women they spoke of were ushered into silence and somewhat coerced into adhering to the codes of izzat. Therefore tolerating distress and suffering in silence would be motivated by an individual's desire to uphold izzat or the expectation of others to do so.

Managing distress

One of the Pakistani Muslim women emphasised the personal resources and possible coping mechanisms required to be able to manage difficult experiences. It would appear that she considers that endurance is a strength; showing distress and needing support are possibly

viewed by the participant as weaknesses:

P: Erm (lp) I think it's all to do with will, will-power and just how strong you are emotionally. Pills and people, nothing's, nothing's going to help you unless you help yourself.

Some participants spoke of young Pakistani Muslim women who may not have been able to manage or tolerate external "pressures" and "stress" and may have attempted suicide or self-harm. It appears that Nisha and Annie perceive these strategies to exist but are not common for all Pakistani Muslim women.

P: Erm, most, some women, they can't cope with any stress, right. So, they think of, they think of like ending their lives... people who can't also get into a profession, they want to do like, medical, medicine and they can't get in to any good Universities, so I've, I've heard, the people, they like erm, think of ending their lives.

P: ...I can imagine them feeling awful and feeling really, really hurt. Especially, if you haven't got anyone to turn to that can, that can help you... Then I think you would, feel a bit lost. Erm... Some people might go into self-harm... Especially for some people, that just got the cultural thing going on in their head...

On the other hand, young Pakistani Muslim women may attempt suicide following their perception that such codes have been contravened. This possibly suggests that suicidality in young Pakistani Muslim women is multifaceted, in that suicide may be regarded as a way out or put an end to being "pressurised". Alternatively, the view might be that suicide was considered in the individual's perception that they have failed to be "perfect".

P: ...She was young, maybe in her late twenties and erm, speaking to a friend, I remember, they thought that she, you know, she wanted a boy, there was pressure, she had three or four girls and there was a pressure on her to have a boy, and she knew that she was expecting boy, you know this time round... Didn't stop her from, killing herself...

This woman was one of a few women to disclose her own understanding of what caused her personal experience of having a suicidal thought, yet not acting upon it:

P: And I don't remember thinking of suicide. Really ...the only one thought that came to me, in all that time, I think I had had panic attack on the motorway and I stopped the car... And I just felt like running across the road and ending it and I thought, no, my children need me...I had all the problems going on with my ex, I also, I had the children and I sort of wanted to be, make up, for what he was doing...And trying, you know, I felt pressurised to you know, try to sort of give them the best I could despite what he was doing, and erm... It was difficult, I wanted to be a perfect Mum, I wanted them to be perfect...

In contrast to the themes identified above, some participants were able to access support or thought that other Pakistani Muslim women were able to find ways to manage their distress that did not conflict with maintaining their izzat. For example, they chose to disclose their experiences of distress to those deemed appropriate (e.g. friends, older family members and their "Asian community") and "...highly unlikely, sadly to say, that they would go to the point of telling their GP for instance."

P: Even though they're, they're there to help, but, but erm, ... most Asian, in Asian community, we wouldn't, we mostly seek advice from other elders, elder people...From erm, from the family...Yeah. Yeah. Anybody that's erm, like the

priest at the mosque you, erm, like Imam. And if there's like your Aunty, Uncle, Grandmum, Grandparents...

Similarly, Islamic teachings were perceived as guiding some of the participants in this study to empowerment and standing up for their human rights which, also parallel British legislation and are protective against attempting suicide. The importance of Islam was highlighted by many of the participants not only as a strategy to help maintain psychological well-being but was also seen to help facilitate the negotiation of putting the 'self' first as illustrated here:

P: I really, I really erm, from my own personal experience, two things that have made it easy for me, is number one a very supportive family. Number two, knowing that Islam won't allow me to oppress myself, nor others. And number three actually, a third point is this country actually gives you all the advantages and all the exits erm, to actually escape from this and know that you're not alone. If you walk out of that door, you've got support and you haven't got that in any other country that I am aware of. It makes a HUGE difference when you know you got back-up. Without the back-up then you have to stay there.

Theme Two: Negotiating tensions

Putting Culture (Izzat) First

Many of the participants described upholding their cultural practices, particularly being highly regarded by those around them, as more important than their own safety when experiencing abuse or distress and maintaining their well-being. Senior members of a family placing significance on upholding izzat may lead to a young Pakistani Muslim woman's experiences of distress being minimalized or even ignored. Hence, they describe sacrificing their own needs, being altruistic, for the good of the wider family.

P: Erm...But yeah, the honour does play a part in it because you don't want such and such person to find out that this is what's going on in your household... It becomes Chinese whispers, oh they've just had family problem, oh it's a divorce,...

P: Those type of things. So you do have that, you know the family respect does play a part in it...It's very much a sort of family unit. Rather than, it's my own life only.

Seeking Help – Adapting Izzat

As illustrated in Theme 1, Pakistani women might seek help within their family in order to uphold their izzat and possibly preserve kinship. However, other participants spoke about needing help from other sources. Whilst for some this could bring them into conflict with the codes of izzat, for others this offered the possibility of much needed support from outside of the family. Some of the participants were able to consider seeking help from health professionals (conflicting with izzat) or from those who were “close” to them (upholding izzat).

P: Really, you would have to seek help, I mean I would try and take them to a doctor or, or erm, phone the Samaritans. But, wha-what I realise, you can only do so much... Erm, but I think that, you know, you can't always get that help, but using the practical day-to-day, getting through the day, you need help with, someone to talk to, someone to, help you see that there is light at the end of the tunnel. I feel that otherwise you just feel that, you know, there's no, getting out of it.”

Leaving their Family

The idea of leaving their family was spoken about as a way of escaping abuse by some of the participants. As theme 1, sub-theme ‘Tolerating their distress’ showed, this was not an option for many of the participants because of preserving their own and their family's izzat.

An extract below further illustrates how there are some women who choose to stay in abusive

marriages because the alternative results in them becoming disowned by family or without financial support. In turn, this may impact on their izzat and how others perceived them.

P: Now days divorces are quite common and it's, it's ok to get married again and stuff like that, erm. But I've, don't really hear of a lot of where people wanna marry that's all, already got married with children. And I think that's one of the clinching points of, about keeping the marriages together because, we know, it's very hard to then find another man that would take on family...

For one participant, when a friend suggested that she should leave her husband and end her abusive marriage, she spoke of her initial hesitation to accept this advice. This seemed to result from this action being outside of participant's permitted repertoire of helpful strategies despite the effects this was having on her and her children.

P: I remember, there was, there was one, person I told, you was saying you know, how they, you're husband's treating you like this, you need to get out of this marriage, end it, it's no good for you, come to me, I'll help you and I was so shocked that she said that and I ran a mile...

However, there were examples given by the participants of families who supported and encouraged abused women to leave an abusive marriage and to return home, as one of the participants witnessed in her family:

P: I think I stayed there, the time that I did stay there. Was, not because my parents, told me to me to, they told me to leave the first time there was an incident. I stayed there, because of cultural reasons...

Finding Acceptance

Some participants spoke about a need to find acceptance as individual Pakistani women in

western society and being less restricted by the rules of izzat. There was a suggestion that some Pakistani Muslim women are less accepting of situations that cause them psychological distress and more accepting of finding alternative ways, to manage and even alleviate their distress as set out by cultural codes of conduct. Due to the nature of the study sample, it is possible that what is regarded here as a process of change could be attributed to the participants being of a younger generation. In discussing her friend's experience, a participant makes comparisons across generations:

P: She does, and carries on and this is her life. I mean she probably doesn't, she doesn't need to be removed from the situation but, you, you can see she's, you know she's stressed out, ...Erm, but I think people are putting up with it less and less, apparently divorce is growing in the over 50s...Hmm. And people not really prepared to, to put up with what they used to. Or when it comes to retirement sometimes, you know you get people, yeah, you know, you develop different interests and you want to do different things and you know, you haven't got the children to keep you together anymore..."

In addition, one woman also highlighted that there are changes in how younger generations, both in Pakistan and in the UK, are informed about the cultural practices of their elders that are possibly less "oppressive" and more freeing for women:

P: When it is like erm, these things have been, going on, from generations and generations right, so people from the city, they go to the villages and they try to persuade and convince people that they're, that it's not right to do these things... So I think things are changing there.

Theme Three: Speaking Out/Breaking the 'rules'
(Dis)Respecting Izzat

In the context of this study, izzat could be one's self-respect as outlined in 'The rules of izzat'. For some young Pakistani Muslim women, attempts to maintain their izzat place them at risk of experiences that cause psychological distress. It would appear that the extent to which these women are regarded as respectful or being respectful of others (the upholding of their personal izzat) has an impact on whether individuals are able to access support from outside the family:

P: Like talking to like a Counsellor or Social Services or, any form of, erm, that kind of, that's like again, it's like down to izzat...So out of respect, we wouldn't go and talk to some, some stranger, or... Even though they're, they're there to help.

Therefore these individuals are mindful of how help-seeking impacts on their izzat, how they are "judged" and whether this is disrespecting of their family, friends and the Pakistani Muslim community:

P: When it comes to izzat. One thing why women do stay in certain situations, marriages, because they think about the RESPECT for, for the parents...And how their respect will be affected by their friends, families, neighbours and their aunties and uncles. So, that's another reason why women stay"...They're desperate just to make that work, no matter what happens. Till you know, it, it err, that specific case led to her death.

Losing Personal and Cultural Identity

For some participants, loss of their personal and cultural identity seemed to be an internal barrier to help seeking. A participant described how a Pakistani Muslim woman who seeks help from medical practitioners (e.g. male doctors) may be perceived by others as less "pure";

this is at odds with how a woman wishes to be regarded in terms of her personal izzat identity (as described in the previous sub-theme):

P: So in our, cul-culture there are more male doctors practicing right... So, when erm, erm, one is tol-told to er, go, seek er, to seek, erm, help from a doctor, you don't go, because, erm, their husbands are like, fathers are like, it's going to be a male...And you're not allowed to go and see, se him... and when she comes back, people criticise her... They say yeah, you went to see a male doctor, yeah you're not er, biased, you're not pure...

Within the sub-theme of 'Learning the Rules' it was demonstrated how Pakistani Muslim women are regarded as not having izzat if they are unable to maintain relationships and particularly if they are divorced. It could therefore be suggested that there was a barrier for Shamima to seek help because it would lead to the loss of her izzat, personal identity and subsequent financial disadvantage.

P: The pressure came from my mum and I suppose in her head that would have been you have to have a husband. If there is no husband there is no izzat... People look down at you there is no respect in the community that you yourself don't have respect...

In addition, help-seeking for psychological distress through external agencies, for some Pakistani Muslim women, could be possibly perceived as conflicting with cultural traditions held in Pakistani communities and unable to challenge the way they function.

P: But then again, you've got people like my cousin that wouldn't take that, the support of what the government offers to women in this situation... Their cultural aspect and what their family would think, would over-ride the whole, what the

advantages the country would give them. What the Government would give them

Losing Social Acceptance

Izzat can also place a woman in a position where she experiences shame and being disregarded by members of the local community:

P: You know that whole thing I said to you that about erm, not having people from outside come and know your business. That's the whole, that's whole izzat thing as well. You know, to, not, to not air your dirty laundry in public.

There was a sense of secrecy or privacy which needed to be maintained to avoid being judged negatively by others and not tarnishing the honour of the individual and the family.

This sub-theme was also evidenced in one of the participant's reflections of how seeking help could possibly impact an individual's positioning or standing in their community, the experience of shame and embarrassment.

P: Because in our culture... if they're not well psychologically, right. They don't go to the, they don't seek the medical help, right... They don't, they feel shy actually, they think that it's not er, a good thing to go to, go to er Psychiatrist right..."

It is possible that this illustrates what has been described as the maintenance of kinship within South Asian diasporas.

Discussion

Given the paucity of research into the impact of upholding izzat on the psychological health of young British Muslim women, the main aims of this paper were to explore the meaning the research participants ascribed to the concept of izzat; how this impacted on their experience of psychological distress and the help-seeking strategies these Pakistani Muslim women

might utilise to manage such experiences. While the concept of izzat can translate across nations, generations and into the English language, it was defined as perceived (personal and familial) honour, dignity and respect within the self and as judged by others. Maintaining izzat is illustrated by the study participants as both protective against, and a source of, psychological distress for young Pakistani Muslim women.

The theme of ‘Negotiating Tensions’ was identified as it suggests that there may be variations in the way in which codes of izzat are being interpreted and practiced over time due to exposure to alternative cultures and social norms. In addition, it is possible that through exposure to, or awareness of different practices, alternative strategies to manage psychological distress are becoming more available.

Although self-management of psychological distress and ‘Tolerating Distress and Isolation’ enabled some Pakistani Muslim women to follow the cultural teachings of their family and community, there are possible adverse effects of this. For some women, suicide or self-harm was described as the only option available or an act of desperation for those most vulnerable, isolated and unable to seek help. This finding of the current study aligns with previous research which showed that to escape abuse, women reported that suicide was more favourable than jeopardising izzat. Previous literature suggested that suicide is generally considered as either unlawful; or religiously and/or culturally unacceptable for South Asian individuals (Bhatia, 2002, Bhugra & Desai, 2002; Khan & Waheed, 2009). However, suicide has also been regarded by some women as a strategy for coping with abuse (Gilbert et al. 2004). This study’s findings illustrated how attempts to uphold the cultural codes of izzat might, as a result, generate obstacles for Pakistani Muslim women who might need to seek help from outside the family or community. Such barriers in turn might be difficult to overcome even if it is to be beneficial to their health and well-being.

Cultural concepts and practices of izzat are known to impact psychological well-being (Chew-Graham et al. 2002; Gilbert et al. 2004). The current study attempts to detail the inter-subjective experiences of young Pakistani Muslim women. Yet it is acknowledged that izzat is only one element of South Asian culture, and there may be other relevant and even more pertinent features that impact the lived experiences of the individuals involved in this study (Sari & Gençöz, 2015). The researcher recruited a small sample of Pakistani Muslim women living in London, which has a diverse ethnic population, for the purpose of this study. It is crucial that equal attention is given to the subjective experiences of individuals from different South Asian ethnic origins. In addition, the narratives of the participants showed that some women may find themselves positioned in “submissive” roles to “controlling” husbands or families. It is acknowledged that the size of the study sample provides limited information with regards the multiple interpretations of cultural experience. Further research into the cultural and social discourses of men should inquire about how gender roles are negotiated to gain deeper insights into the experiences of these women.

The serious issues of ‘honour’ killings and forced marriages were briefly raised by some of the study participants. Such concerns have been extensively documented in the media (British Broadcasting Corporation, 2014) and cases being filed by the Crown Prosecution Service (UK) for victims who have been harmed in the name of ‘honour’, (The Crown Prosecution Service, 2007). Gilbert et al. (2004) also indicated that these processes relate to men, whereby their experiences of personal/familial shame and dishonour are related to their inability to take “control” of female family members or community members (Gilbert et al. 2004). These areas certainly warrant further research. Merits of previous research by Gilbert et al. (2004) were their use of focus groups, which appeared to enable individuals to discuss issues of a sensitive nature that are closer to real-life than in quantitative studies. This research has provided more detailed accounts from study participants through the use of

semi-structured interviews.

As noted by James and Prilleltensky (2002), professionals need to be aware of what is morally at risk for the person who is experiencing psychological distress in that a ‘good person’ or that ‘good families’ do not disclose family conflict to outsiders (e.g. mental health professionals). The study findings contribute to our understanding of intersubjective experiences pertaining to the impact of izzat on Pakistani Muslim women’s ability to engage with the help offered. It raises awareness of the struggle some Pakistani women may experience with negotiating the tensions between ‘speaking out/getting out’ in light of the consequences that they may endure as a result of this action, which is the relevant to the work of multiple disciplines. This in turn would help to equip practitioners with awareness and the cultural sensitivity required in order to address such issues. In addition, this study may assist in reducing stereotypes and discrimination by encouraging discussions around how best to engage with young Pakistani Muslim women.

Acknowledgements - A very special thanks the women who agreed to be involved in this study. Without your willingness to voice your experiences, this work would not have been possible.

Declaration of interest: This paper represents independent research part funded by the National Institute for Health Research (NIHR) Biomedical Research Centre at South London and Maudsley NHS Foundation Trust and King’s College London. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health. The funders did not have a role in the study design; collection, analysis or interpretation of data; the writing of the manuscript; or in the decision to submit the manuscript for publication. These data can be accessed through the corresponding author.

References:

- Anand, A. S., & Cochrane, R. (2005). The Mental Health Status of South Asian Women in Britain: A Review of the UK Literature. *Psychology & Developing Societies*, 17(2), 195–214. doi:10.1177/097133360501700207
- Andermann, L (2010) Culture and the social construction of gender: Mapping the intersection with mental health. *International Review of Psychiatry*, 22:5, 501-512, doi: 10.3109/09540261.2010.506184
- Berry, J.W. (1997). Immigration, Acculturation & Adaptation. *Applied Psychology: An International Review*, 46(1), 5-34. doi: 10.1111/j.1464-0597.1997.tb01087.x
- Bhatia, M.S. (2002). Stigma, Suicide and Religion. *The British Journal of Psychiatry*, 180(2), 188-189. doi: 10.1192/bjp.180.2.188-a
- Bhugra, D., Baldwin, D, Desai M, Jacob K.S. (1999). Attempted Suicide in West London II. Intergenerational Comparisons. *Psychological Medicine*, 29, 1131–1139. doi: 10.1017/S0033291799008922
- Bhugra, D. & Desai, M. (2002), Attempted Suicide in South Asian Women. *Advances in Psychiatric Treatment*, 8, 418-423. doi: 10.1192/apt.8.6.418
- Bhugra, D. (2003), Migration and depression. *Acta Psychiatrica Scandinavica, Issue Supplement 108*, 67–72. doi: 10.1034/j.1600-0447.108.s418.14.x
- British Broadcasting Corporation. (2014). *Ethics guide: Honour Crimes*. Retrieved from http://www.bbc.co.uk/ethics/honourcrimes/crimesofhonour_1.shtml
- Chew-Graham, C., Bashir, C., Chantler, K., Burman, E. and Batsleer, J. (2002). South Asian women, psychological distress and self-harm: lessons for primary care trusts. *Health & Social Care in the Community*, 10(5), 339–347. doi: 10.1046/j.1365-2524.2002.00382.x

Cochrane, R. & Stopes-Roe, M. (1981). Psychological symptom levels in Indian immigrants to England—a comparison with native English. *Psychological Medicine*, 11, 319-327.

[doi:10.1017/S0033291700052132](https://doi.org/10.1017/S0033291700052132)

Das, V. (1976). Masks and faces: An essay on Punjabi kinship. *Contributions to Indian sociology*, 10(1), 1-30. doi <https://doi.org/10.1177/006996677601000101>

Dwyer, C. (2000). Negotiating Diasporic Identities: Young British South Asian Muslim Women. *Women's Studies International Forum*, 23 (4), 75-486.

Fowler, C. (2004). *The Archaeology of Personhood: An Anthropological Approach*.

Routledge: London. Retrieved from

<https://books.google.co.uk/books?hl=en&lr=&id=sRm1oO-ghuIC&oi=fnd&pg=PR6&dq=personhood+and+community+relationship+asia&ots=2eCP650l72&sig=v0TdN7o3cpXdOekoqDNf9S7c8Z4#v=onepage&q=personhood%20and%20community%20relationship%20asia&f=false>

Farver, J. A., Narang, S. K., & Bhadha, B. R. (2002). East Meets West: Ethnic Identity, Acculturation, and Conflict in Asian Indian Families. *Journal of Family Psychology*, 16(3), 338-350. doi: [10.1037/0893-3200.16.3.338](https://doi.org/10.1037/0893-3200.16.3.338)

Gilbert, P., Gilbert, J., & Sanghera, J. (2004). A Focus Group Exploration of the Impact of Izzat, Shame, Subordination and Entrapment on Mental Health and Service Use in South Asian Women Living in Derby. *Mental Health, Religion & Culture*, 7(2), 109–130. doi:[10.1177/097133360501700207](https://doi.org/10.1177/097133360501700207)

Hicks, M. H. -R. & Bhugra, D. (2003), Perceived Causes of Suicide Attempts by U.K. South Asian Women. *American Journal of Orthopsychiatry*, 73 (4), 455–462.
doi: [10.1037/0002-9432.73.4.455](https://doi.org/10.1037/0002-9432.73.4.455)

- Hsu, E., Davies, C.A., & Hansen, D.J. (2004). Understanding Mental Health Needs of Southeast Asian Refugees: Historical, Cultural and Contextual Challenges. *Clinical Psychology Review*, 24(2), 193-213. doi: 10.1016/j.cpr.2003.10.003
- James, S., & Prilleltensky, I. (2002) Cultural Diversity and Mental Health: Towards Integrative Practice. *Clinical Psychology Review*, 22(8), 1133-1154. doi: [10.1016/S0272-7358\(02\)00102-2](https://doi.org/10.1016/S0272-7358(02)00102-2)
- Karasz, A. (2005). Cultural Differences in the Conceptual Models of Depression. *Social Science & Medicine*, 60 (7), 1625-1635. doi: [10.1016/j.socscimed.2004.08.011](https://doi.org/10.1016/j.socscimed.2004.08.011)
- Khan, F., & Waheed, W. (2009). Suicide and Self-harm in South Asian Immigrants. *Psychiatry*, 8 (7), 261-264. doi: [10.1016/j.mppsy.2009.05.004](https://doi.org/10.1016/j.mppsy.2009.05.004)
- Krause, I. B. (1989). Sinking heart: a Punjabi communication of distress. *Social Science & Medicine*, 29(4), 563-575. doi: [https://doi.org/10.1016/0277-9536\(89\)90202-5](https://doi.org/10.1016/0277-9536(89)90202-5)
- Lee, R. M. (2003). Do Ethnic Identity and Other-Group Orientation Protect Against Discrimination for Asian American? *Journal of Counselling Psychology*, 50(20), 133-141. doi: [10.1037/0022-0167.50.2.133](https://doi.org/10.1037/0022-0167.50.2.133)
- Malik, R. (2000). 'Culture and emotions: Depression among Pakistanis'. In Squire, C. (Eds.) *Culture in Psychology* (pp.147–162). Routledge; New York
- Mooney, R., Trivedi, D. & Sharma, S. (2016) How do people of South Asian origin understand and experience depression? A protocol for a systematic review of qualitative literature. *BMJ Open* 2016;6:e011697.doi:10.1136/bmjopen-2016-011697 Retrieved from <http://dx.doi.org/10.1136/bmjopen-2016-011697>
- [Newberry, A. M. \(2011\). Book Review: Interpretative Phenomenological Analysis: Theory, Method and Research. *Qualitative Health Research*, 21\(9\), 1298-1300. doi: 10.1177/1049732311410357](#)

- [Padela, A.I., Kilawi, A., Forman, J., DeMonner, S. & Heisler, M. \(2012\).](#) American Muslim Perceptions of Healing: Key Agents in Healing, and Their Roles Qualitative Health Research, 22, (6), 846 – 858. doi: [10.1177/1049732312438969](#)
- Peach, C. (2006). South Asian Migration and Settlement in Great Britain, 1951–2001. Contemporary South Asia, 15(2), 133–146.
- Sari, S. & Gençöz1, F (2015). Shame Experiences Underlying Depression of Adult Turkish Women. *Qualitative Health Research*. 26(8) 1102-1113. doi: 10.1177/1049732315579177
- Smith, J. A., Flowers, P. & Larkin, M. (2009) *Interpretative Phenomenological Analysis: Theory Method and Research*. London: Sage.
- Takhar, O. K. (2005). *Sikh Identity: An Exploration of Groups Among Sikhs*. Aldershot: Ashgate.
- The Crown Prosecution Service. (2007). *Men Found Guilty of Murder in Honour Killing*. Retrieved from http://www.cps.gov.uk/news/latest_news/133_07/index.html
- Toor, S. (2009) British Asian Girls, Crime and Youth Justice. *Youth Justice*, 9(3), 239-253. doi: 10.1177/1473225409345102
- Triandis, H. (1989). The Self and Social Behaviour in Differing Cultural Contexts. *Psychological Review*, 96 (3), 506-520 doi:10.1037/0033-295X.96.3.506
- Willig, C. (2001). *Introducing Qualitative Research in Psychology: Adventures in Theory and Method*. Buckingham: Open University Press. Retrieved from <http://www.mheducation.co.uk/openup/chapters/0335205356.pdf>